

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/308,140</u>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2	1						52	
3		1					53	
4	1						54	
5		4					55	
6	1						56	
7		4					57	
8		1					58	
9		4					59	
10		1					60	
11		4					61	
12		1					62	
13		1					63	
14		1					64	
15		4					65	
16		4					66	
17							67	
18							68	
19							69	
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40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	18						TOTAL DEP.	
TOTAL CLAIMS	22						TOTAL CLAIMS	

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